

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2003

Application or Docket Number

10762809

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	<i>29</i>	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	<i>57</i> minus 20=	* <i>37</i>
INDEPENDENT CLAIMS	<i>2</i> minus 3 =	* <i>0</i>
MULTIPLE DEPENDENT CLAIM PRESENT		<input checked="" type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**
Ind. dependent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input checked="" type="checkbox"/>

SMALL ENTITY  
TYPE

OTHER THAN  
OR SMALL ENTITY

RATE	Fee
BASIC FEE	385.00
XS 9=	<i>433</i>
X43=	
+145=	<i>145</i>
TOTAL	<i>863</i>

RATE	Fee
BASIC FEE	770.00
XS18=	
X86=	
+290=	
TOTAL	

OTHER THAN  
OR SMALL ENTITY

AMENDMENT	ADDITIONAL FEE
Total	
Ind. dependent	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input checked="" type="checkbox"/>

AMENDMENT	ADDITIONAL FEE
Total	
Ind. dependent	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input checked="" type="checkbox"/>

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input checked="" type="checkbox"/>

AMENDMENT	ADDITIONAL FEE
Total	
Independent	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input checked="" type="checkbox"/>

AMENDMENT	ADDITIONAL FEE
Total	
Independent	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input checked="" type="checkbox"/>

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input checked="" type="checkbox"/>

AMENDMENT	ADDITIONAL FEE
Total	
Independent	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input checked="" type="checkbox"/>

AMENDMENT	ADDITIONAL FEE
Total	
Independent	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input checked="" type="checkbox"/>

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.